

Universal Ethics for Psycho-somatic Well Being: The Role of Humanistic Buddhism

By Padmal de Silva

ABSTRACT

This paper considers the ethics of Buddhism from a psychological perspective. Buddhism has a strong ethical stance, and this pervades the Buddhist attitude to interactions with other beings. The underlying universal ethics that one finds in Buddhism has implications for psycho-somatic well-being. The paper considers the ethics of Buddhism and how it relates to psycho-somatic health. Modern work on psycho-somatic medicine is briefly considered in this discussion. Recent concepts and work on the developmental aspects of ethics/morality are also discussed.

Introduction

This paper focuses on the ethical aspects of Buddhism. Buddhism has a strong, well-formulated ethical stance. While this is linked to the overall goal of personal development with the ultimate aim of the attainment of a perfect state, Buddhist ethics have validity and coherence in a pragmatic, social sense. A good and virtuous life, as embodied in the concept of *sīla*, is considered a worthwhile end in its own right, and this is characterized by the achievement of one's well-being as well as promoting that of others. Happiness is valued, as is success, but not in a selfish, egocentric way. Duties are valued and extolled. One's interactions with others are expected to be governed by these considerations, and by the principles of others' rights, others' needs and happiness, and the essential equality of human beings. This ethical stance is clearly a pragmatic one, but it is not pragmatic in a Machiavellian sense; it is also based on ideals and underlying virtues. It is thus essentially a basis for a universal ethics. This is very much a reflection of the Humanistic aspect of Buddhism, which has always been one of its major features, from the days of Gautama Buddha, and re-emphasized with great vigor by the Grand Master Hsing Yun in recent years (e.g. Hsing Yun, 1999).

Cornerstones of Buddhist Universal Ethics

What are the cornerstones of the universal ethics of Buddhism? One can highlight several. The early discourses of Buddhism refer, repeatedly, to a number of them (see Guruge, 1999; Harvey, 2000; Kalupahana, 1995; Premasiri, 1991; Wijesekera, 1963). Perhaps the obvious starting point is the five precepts (*pañca sīla*) that a layman undertakes to observe. These are: non-injury, avoidance of theft, avoidance of sexual misconduct, avoidance of lying and other forms of wrong speech, and sobriety—i.e., avoidance of intoxication by various substances to a degree that will affect one's judgement.

Secondly, there are the ethics of interpersonal relationships. Respectful, dutiful

conduct towards parents, offspring, spouse, employees, employers, friends and others is considered important. These are clearly discussed in the Sigālovāda Sutta (Dīgha Nikāya, Vol. 3), and are referred to in many other places in the early texts.

Thirdly, there is the wider consideration of social ethics. Equality of humans, and social duties, are emphasized. There is consideration of how to earn a living without harming others, how to use one's wealth once acquired, and on the value and virtue of 'giving' or generosity.

Fourthly, there is emphasis on universal loving kindness—*mettā*, and unconditional compassion—*karunā*. Both of these are considered to be 'sublime moods' or 'sublime attitudes', along with equanimity—*upekkhā*, and congratulatory benevolence—*muditā*. These define the essential ideals for one's attitudes towards fellow-beings. One is advised to strive to develop these.

The prominent place given to *mettā* deserves special emphasis. It is the antidote to conflict, hatred and anger. The Buddha repeatedly advocated the cultivation of *mettā*. The discourse on loving kindness (*Metta Sutta*) of the *Suttanipāta* is worth citing:

He who is skilled in welfare, who wishes to attain that tranquil state, should act in this way:

He should be able, upright, perfectly upright, noble in speech, gentle and humble; contented, easily supported, with few duties, of light livelihood, with senses calmed, discreet, not impudent, not greedily attached to families.

He should not pursue the slightest thing for which wise men might censure him. May all beings be well and safe, may their hearts be happy.

Whatever living beings there are in existence, whether weak or strong, tall or big, medium sized, short, small or great, without any exception; whatever seen or unseen, living far or near, those already born and those who are to be born, may all beings be happy.

Let not anyone deceive another, let no one despise another anywhere, let no one wish ill or harm to any other out of anger or resentment.

Just as a mother would protect her only son at the risk of her own life, so may he cultivate a boundless heart towards all beings.

Let his thoughts of boundless love pervade the whole world, above, below, and across, without any barrier, without any hatred, without any enmity.

Whether he stands, walks, sits or lies down, as long as he is awake, he should cultivate this mindful state of mind. This, it is said, is the noblest living here...

The key role of loving kindness in the ethical stance of Buddhism is further emphasized by Buddhaghosa in *Visuddhimagga*. According to Buddhaghosa, *mettā* is like a solvent that melts away not only one's own negative psychological factors of

anger, resentment and aggressiveness, but also those of others. Clear emphasis is laid on the value of developing and cultivating mettā. One is asked to work on developing this mental attitude.

Motives, Intentions and Roots

The Buddhist universal ethics also considers, as any ethical philosophy has to, the question of motives and intentions. In the analysis of wholesome or skilful (*kusala*) and unwholesome or unskillful (*akusala*) actions, there are key criteria that help in deciding whether an action is wholesome or its opposite. These are: (1) the motivation of the action; (2) the direct consequences of the action in terms of causing suffering or happiness; and (3) whether the action contributes towards one's personal development. The key role of motivation is obvious from the priority given to it in this analysis. What are the sources (*mūla*) of the motives that drive actions? Unwholesome actions arise, in the ultimate analysis, from three roots: greed or avarice (*lobha*), hatred or malice (*dosa*), and delusion or confusion (*moha*). By contrast, wholesome actions are rooted in non-greed (*alobha*), non-hatred (*adosa*), and non-delusion (*amoha*). It needs to be pointed out that these are positive factors, although they are phrased negatively - i.e., as the absence, or opposites, of the roots of wrong conduct.

While this is a reductionist analysis, it is made clear that the person is not a helpless victim who is simply governed by the unwholesome roots. Humans can strive to reduce and ultimately eradicate the unwholesome roots and develop and strengthen the wholesome ones. The Buddha repeatedly asked his disciples—both lay and monastic—to strive to cultivate the wholesome motives. In terms of day to day lay life, the Buddhist position is that one should, as much as, and as often as, possible, avoid acting out of the unwholesome motives. Their power in the lives of people is not denied. What is denied is that one should accept being driven by them as inevitable. The need is to strive to overcome them. This is not a purely negative endeavor. One is asked to cultivate the positive, wholesome roots. For example, each small opportunity to develop non-greed is to be taken. Giving (*dāna*) even in small quantities, such as providing a basic meal to a hungry person, or contributing financially, however small the amount, towards the alleviation of someone's distress and poverty, are all valuable steps in this endeavor. The motive in this instance is non-greed, or—more positively—generosity, and actions like this help gradually to erode the power of greed. In the present context, equally important is the fact that each of these instances of giving is also a positive ethical action in its own right.

Some Other Concepts

There are other key concepts in Buddhism that have a relevance to ethics. Ethical philosophies often assume the role of a conscience—a super-ego in the Freudian sense, which influences one's actions and one's decisions to act in a certain ways. One is *hiri*, a sensitiveness which enables one to shrink away from any actions that can bring shame or impair one's moral integrity in one's own eyes. The related concept of *ottappa* (often the two are mentioned together), is a regard for the effects or consequences of an action—the consequences meant here may be blame, reproach or

punishment, or even simply embarrassment. Again it is one's own appraisal of these possible consequences that makes one shrink away from an act rather than an external factor.

A related factor of a different kind is *appamāda*, which may be translated as 'heedfulness' or 'alertness'. The value of *appamāda* is strongly emphasized in Buddhist discourses. Problematic behaviors are often seen as due to lapses in heedfulness. Another is *sati*, or mindfulness. *Sati* is developed through meditation, and means constant awareness of one's actions, thoughts and emotions as they arise. A well cultivated mindfulness enables one to be aware of one's own motives and intentions, among others. The alert person is thus constantly aware of what drives him and what arises in him—cognitions, emotions, mental states—at any give time. This enhances his ability to refrain from actions which are driven by unwholesome roots.

The above description of some of the main features of Buddhist ethics highlights the close links between ethical principles and psychological concepts in Buddhism. Indeed, the text *Dhammasangani*, when it was first translated into English, was published under the title *Buddhist Psychological Ethics* (Rhys Davids, 1900). This captures beautifully the close relationship between Buddhist ethics and Buddhist psychology. These links are particularly relevant for the title of this paper, which refers to universal ethics for psycho-somatic well being.

Ethics and Psychology

While ethics and psychology have traditionally been considered as two distinct fields of study in Western scholarship, many modern philosophers have begun to focus on the inter-links between these two areas. In the following paragraphs two aspects of this inter-relationship will be discussed.

(a) A developmental perspective:

One is the developmental one. We know from the work of developmental psychologists that an individual's moral sense, his/her understanding of right and wrong, develops gradually, and in stages. In the early stages of childhood, the ethical sense and understanding are limited. It is worth, at this point, to dwell briefly on some aspects of moral or ethical development. The work of Lawrence Kohlberg (e.g. Colby & Kohlberg, 1987; Kohlberg, 1986) is useful to cite here. As one way of studying how one's ethical/moral sense develops, he investigated the development of reasoning about duties, obligations, rights and justice. Hypothetical moral questions or dilemmas were presented to children of various ages, and these children were then followed up longitudinally. On the basis of this and similar empirical studies, Kohlberg identified six stages of moral or ethical development. These may be summarized as follows (cf. Haste, Helkama & Markoulis, 1998):

Stage I. Obedience and punishment. Intrinsic motivation is absent at this stage. What makes something right or wrong is dictated by authority figures, mainly the parents.

Stage II. Individualism. The focus here is on immediate personal interests, along with a concrete and individualistic social perspective.

Stage III. Interpersonal expectations, interpersonal conformity. Rights and good behavior are now conceptualized in relation to the expectations of persons with whom one lives.

Stage IV. Social system and conscience. At this stage, fulfillment of duties, the need to maintain social order, and the welfare of the society or group provide the main motives of moral reasoning and behavior. The individual is able to take the perspective of a member of society, with a set of codes and procedures.

Stage V. Social contracts and individual rights. The perspective here is that of a rational moral agent, with awareness of fundamental values and rights. The individual is able to freely enter into the social contract. The social system and laws are evaluated in terms of how far they protect non-relative values and rights such as life and liberty.

Stage VI. Universal ethical principles. At this final stage, universal ethical principles such as justice, the equality of human rights, and respect for the dignity of human beings as persons become the basis of moral and ethical decisions. Universal principles are placed above relativistic considerations.

The identification of these stages by Kohlberg and his colleagues has led to the appreciation of a developmental understanding of ethics, as internalized by the person. Of particular significance in the present context is the highest stage, which reflects universal ethics. In Buddhism, one is encouraged to have loving kindness and regard to all beings, not just the one's kith and kin or one's fellow-countrymen. There is no room for discrimination or selectivity; universal application of *mettā* is what is advocated. *Karunā*, too, is advocated in this way, to be applied to all, unconditionally and without division or discrimination. The need to treat all humans positively, and to act for their well-being, is a major feature of the Humanistic Buddhist ethical stance.

(b) Psycho-somatics:

Secondly, we are aware, from the work of many present-day psychiatrists and psychologists, that the physical and the mental can influence each other in significant ways. This is precisely what is reflected in the term 'psycho-somatic'. Psycho-somatic illness, for example, consists of those physical ailments which are caused—or contributed to—by psychological factors.

For the sake of completeness, a brief discussion of this phenomenon is in order. Psycho-somatic disorders have been described in various ways; for example, 'psychophysiological disorders', 'physical disorders presumably of a psychogenic origin', and 'physiological malfunctions arising from mental factors'. The concept has been present from very early times, and both Socrates (496-399 BC) and Hippocrates (466-375 BC) acknowledged the role of mental factors in health and ill-health. In more recent times, Freud's notions about the unconsciousness, and Pavlov's work on the conditioned reflex, appear to have contributed to the development of the psycho-

somatic approach in medicine and psychology. A psycho-somatic 'movement' grew in Europe in the early part of the twentieth century, and then took root in the United States. A journal, *Psychosomatic Medicine*, was established in 1939. The main features of this approach were spelt out by Franz Alexander (1939) in the very first issue of this journal.

Many disorders are now listed in medical texts as psycho-somatic. Some involve tissue damage; examples are asthma, eczema, and gastric ulcers. Others do not involve tissue damage; examples are psychogenic pruritis and psychogenic dysmenorrhoea. Another way of classifying these disorders is to group them according to the major organ system affected. In the examples given below, it is recognized that psychological factors may be a causal agent, or an aggravating stress that affects the course of the disorder:

- I. Gastro-intestinal disorders—e.g. gastric ulcers, duodenal ulcers, ulcerative colitis
- II. Respiratory disorders—e.g. asthma, hyperventilation
- III. Dermatological disorders—e.g. eczema, psoriasis
- IV. Musculoskeletal disorders—e.g. rheumatoid arthritis, tension headache
- V. Metabolic and endocrine disorders—e.g. myxoedema, parathyroid disease
- VI. Gynaecological and obstetric disorders—e.g. premenstrual tension, menorrhagia
- VII. Haematological disorders—e.g. haemophilia
- VIII. Cardiovascular disorders—e.g. essential hypertension, coronary artery disease

More detailed accounts of these and the related issues are available in several sources, including Tsushima (1994).

These conditions can be characterized, in a simple and perhaps simplistic way, with the statement: 'The mind affects the body'. The dualism contained in this expression is, of course, not to be taken literally. The whole point is the essential relationship between what we take as mental and what we take as physical. It is this interdependence that the term 'psycho-somatic' acknowledges.

Perhaps it is worth, at this point, to draw attention to some empirical work as an example. Coronary heart disease is acknowledged to be the leading cause of death in Western, industrialized societies. Studies in recent years have begun to produce evidence of the links between the disease and negative emotions. Kawachi, Sparrow, Spiro, Vokonas & Weiss (1996) reported a prospective study of anger and coronary heart disease. It was a seven-year follow-up study of a large sample of men (1305). Anger levels were assessed by the 16-items anger content scale of the Minnesota Multi-Phasic Personality Inventory, which asks the respondents about symptoms of anger ranging from mild irritation to intense episodes of violence. A comparison of the men with the lowest levels of anger with those with the highest levels showed that the latter had a risk of coronary disease nearly three times that of the former. There is also some evidence to suggest that anger may contribute to the triggering of acute coronary events. In large-scale study, Mittleman, Maclure, Sherwood et al. (1995) found that episodes of anger were active triggers of acute myocardial infarctions.

While psychological factors such as stress, anger and constant worry have been demonstrated to have either a causal, contributory or aggravating role in these

disorders, it has also been shown that various psychological interventions have a key role in their alleviation. Several forms of psychotherapy, including group therapy, relaxation strategies, autogenic training, biofeedback, and meditation techniques have been used (Spiegler & Guevremont, 1993). The work of Jon Kabat-Zinn and John Teasdale and their colleagues provide excellent examples of the use of Buddhist mindfulness meditation in clinical settings (e.g. Kabat-Zinn, Lipworth & Burney, 1985; Teasdale, 1999). Evaluation and further development of these is an ongoing endeavor in present day psychology and psychiatry.

A brief reference may be made at this point to the relatively new discipline of psychoneuroimmunology. This field studies the relationship between the immune system of the body and psychosocial factors. The research in this area is complicated and often difficult to interpret. However, studies have produced sufficient evidence which shows that psychological factors, such as depression and stress, do affect the immune system; this leads to greater probability of developing illness and infection, longer time needed for a wound to heal etc. (e.g. Ader, Cohen & Felten, 1995; Keicolt-Glaser, Marucha, Malarkey, Mercado & Glaser, 1995). These observations are relevant to the issues that we are concerned with here. If negative psychological factors affect the immune system and reduce protection against ill-health and retard recovery, then the role of positive psychological factors in health and well-being is further confirmed.

Concluding Comments

Psychosomatic well-being is one's overall and holistic well-being, and it is clear that being tension-free and stress-free goes some way in promoting this. The Buddhist ethical stance, promoting as it does non-greed (and thus non-attachment), non-hatred (and thus non-aggression), contentment, positive regard for others, ability to be happy at others' success (as against envy), and freedom from fear, guilt and shame as one abstains from actions that cause or contribute to these, is an ideal recipe for mental well-being. Even physical ailments that have clearly organic etiology are coped with better by those whose mental state is free of negative complexes. There are examples in the Buddhist texts of the ability to be unaffected by physical pain in those who have achieved a high level of mindfulness. The example of the venerable Anuruddha may be cited. He was quite ill, but monks who visited him were surprised that he did not show any pain. The Venerable Anuruddha explained to his visitors that the painful sensations did not affect him, as his mind was firmly grounded in mindfulness (Samyutta Nikāya, Vol. 4). The constant awareness of, and alertness to, the sensations as they arise that mindfulness gives one is a potent strategy for handling somatic irritations.

The relevance of ethics to this notion of well-being cannot be overstated. Conduct based on genuine universal ethics leaves little room for those psychological factors that pollute one's psycho-somatic functioning. If, for example, one's response to another person's success is congratulatory benevolence, rather than envy or jealousy, then the chances of tension and stress developing must recede; instead, a sense of well-being will be promoted. This in turn will enhance the person's overall psycho-somatic functioning and psychological well-being.

The cultivation of the ethical attitude advocated in Buddhism should enable the person consistently to respond to others in a positive way. That is, with the practice and development of the right ethical attitude, all one's reactions will, ultimately, become wholesome. This ideal state may take long to reach. However, the regular endeavor to adhere to the ethical principles will provide tangible benefits on each occasion, and also lead to cumulative benefits in terms of health and well-being.

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